

Massachusetts Department of Public Health

Drug Analysis Laboratory

Boston, MA.

DRAFT 1

Comprehensive Review Checklist

Lab #: _____

Analyst: _____

| Review Items | Yes | No | Not Applicable | Comments |
|---|-----|----|----------------|----------|
| A. Are all the documentation for the comprehensive review present? | | | | |
| 1. Copy of Drug Receipt | | | | |
| 2. Copy Control Card | | | | |
| 3. Copy of Daily Balance Sheet | | | | |
| 4. Copy of Daily Negative Control Sheet | | | | |
| 5. Drug Analysis Form | | | | |
| 6. Copy of MS Tracking Sheet | | | | |
| 7. Copy of MS Sequence Sheet | | | | |
| 8. Copy of Tunc Report | | | | |
| 9. Raw Data | | | | |
| 10. Copy of Certificate of Analysis | | | | |
| B. Preliminary Test | | | | |
| Daily Balance Check Accepted | | | | |
| Negative Control Check Accepted | | | | |
| Are all of the notes legible, organized and easy to understand? | | | | |
| Do the notes contain a complete and accurate description of the evidence? | | | | |
| Color Test Performed & Accepted | | | | |
| Microcrystalline Test Performed & Accepted | | | | |
| Verify Sampling Technique | | | | |
| Verify Math Calculations | | | | |
| Net Weight Documented | | | | |
| Are the weights reported appropriately and are the proper units noted? | | | | |
| Macroscopic Test Performed & Accepted | | | | |
| Microscopic Test Performed & Accepted | | | | |
| Micromedex Match Accepted | | | | |
| Literary Search Match Accepted | | | | |
| UV-Vis Test Performed & Accepted | | | | |
| GC # _____ Test Performed & Accepted | | | | |
| HPLC Test Performed & Accepted | | | | |

Massachusetts Department of Public Health

Drug Analysis Laboratory

Boston, MA.

Comprehensive Review Checklist

Lab #: _____

Analyst: _____

| Review Items | Yes | No | Not Applicable | Comments |
|---|-----|----|----------------|----------|
| C. Confirmatory Test (if applicable) | | | | |
| Instrumentation | | | | |
| GC/MS # | | | | |
| Tune Performed & Accepted | | | | |
| QC Mix Present & Accepted | | | | |
| MS Sequence Log Accepted | | | | |
| Opening Standard/s Present & Accepted | | | | |
| Closing Standard/s Present & Accepted | | | | |
| Negative Control/s Present & Accepted | | | | |
| MS Tracking Log Accepted | | | | |
| Negative Control/s Present & Accepted | | | | |
| Sample Retention Time Accepted | | | | |
| Sample Library Search Accepted | | | | |
| Sample Spectral Interpretation Match Accepted | | | | |
| LC/MS/MS # | | | | |
| Tune Performed & Accepted | | | | |
| QC Mix Present & Accepted | | | | |
| MS Sequence Log Accepted | | | | |
| Opening Standard/s Present & Accepted | | | | |
| Closing Standard/s Present & Accepted | | | | |
| Negative Control/s Present & Accepted | | | | |
| MS Tracking Log Accepted | | | | |
| Negative Control/s Present & Accepted | | | | |
| Sample Retention Time Accepted | | | | |
| Sample Library Search Accepted | | | | |
| Sample Spectral Interpretation Match Accepted | | | | |
| IR # | | | | |
| Internal Polystyrene Present & Accepted | | | | |
| Standard Present & Accepted | | | | |
| Negative Control/s Present & Accepted | | | | |
| Sample Library Search Accepted | | | | |
| Sample Spectral Interpretation Match Accepted | | | | |

**Massachusetts Department of Public Health
Drug Analysis Laboratory
Boston, MA.**

Comprehensive Review Checklist

Lab#: _____

Analyst: _____

| Review Items | Yes | No | Not Applicable | Comments |
|---|-----|----|----------------|----------|
| D. Reporting | | | | |
| Drug Receipt Completed & Correct | | | | |
| Control Card Completed & Correct | | | | |
| Drug Analysis Form Completed & Correct | | | | |
| Certificate of Analysis Completed & Correct | | | | |
| Evidence Envelope Completed & Correct | | | | |
| Evidence Packaging Completed & Correct | | | | |

Identification of Substance:

Reviewer Signature:

Date: _____

Draft (2)

Lab#: _____

Chemist: _____

Description

Checked

- Are all documentation for comprehensive review present?
- Are all the appropriate areas of the drug receipt filled in?
- Does the drug receipt reflect the actual evidence (or is discrepancy noted)?
- Were the daily negative controls performed?
- Were the balances used for analysis documented?
- Were the daily balance check performed?
- Are all of the notes legible, organized and easy to understand?
- Do the notes contain a complete and accurate description of the evidence?
- Do the notes correspond to the actual testing performed?
- Are all the testing documents included with the file?
- Are the weights reported appropriately and are the proper units noted?
- Was the correct choice of sampling technique used?
- Has the reviewer checked the weight calculations, if applicable?
- Does the preliminary testing criteria meet the lab policy?
- Have the appropriate standards and negative controls been run and does the testing agree with the lab policy?
- Has the control card been filled out accurately and completely?
- Are the reported conclusions scientifically supported by the included data?
- Is the certificate correct? Do the data, drug analysis form, drug receipt and certificate agree?
- Is the certificate signed and dated appropriately?
- Is the re-packaging of the evidence according to the policy of the lab?
- Do the control card, certificate and evidence agree?

Reviewer: _____

Date: _____

DRAFT 3

| Review Items | N/A | Yes | No | Cocaine | Heroin | Rx | Marijuana/Cannabis | Other |
|---------------------------------------|-----|-----|----|---------|--------|----|--------------------|-------|
| A. Documentation | | | | | | | | |
| Drug Receipt | | | | | | | | |
| Control card | | | | | | | | |
| Envelope | | | | | | | | |
| B. Preliminary Test | | | | | | | | |
| Balance Check | | | | | | | | |
| Negative Control Check | | | | | | | | |
| Color Test Results | | | | | | | | |
| Crystals | | | | | | | | |
| UV-Vis | | | | | | | | |
| GC # | | | | | | | | |
| HPLC | | | | | | | | |
| Macroscopic | | | | | | | | |
| Microscopic | | | | | | | | |
| Micromedex Match | | | | | | | | |
| Literary Search Match | | | | | | | | |
| Calculations | | | | | | | | |
| Net Weight | | | | | | | | |
| C. Confirmatory Test | | | | | | | | |
| Instrument | | | | | | | | |
| GC/MS # | | | | | | | | |
| Tune Present & Accepted | | | | | | | | |
| QC Mix Present & Accepted | | | | | | | | |
| Sequence Setup | | | | | | | | |
| Opening Standard/s Present & Accepted | | | | | | | | |
| Closing Standard/s Present & Accepted | | | | | | | | |
| Blank/s | | | | | | | | |
| MS Control Sheet Present | | | | | | | | |
| Blank/s | | | | | | | | |
| Retention Time Acceptance | | | | | | | | |
| Library Search > 90% | | | | | | | | |

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Spectral Interpretation Match | | | | | | | | |
| LC/MS/MS # | | | | | | | | |
| Tune Present & Accepted | | | | | | | | |
| QC Mix Present & Accepted | | | | | | | | |
| Sequence Setup | | | | | | | | |
| Opening Standard/s Present & Accepted | | | | | | | | |
| Closing Standard/s Present & Accepted | | | | | | | | |
| Blank/s | | | | | | | | |
| MS Control Sheet Present | | | | | | | | |
| Blank/s | | | | | | | | |
| Retention Time Acceptance | | | | | | | | |
| Library Search > 90% | | | | | | | | |
| Spectral Interpretation Match | | | | | | | | |
| IR # | | | | | | | | |
| Internal Polystyrene Present & Accepted | | | | | | | | |
| QC Present & Accepted | | | | | | | | |
| Blank/s | | | | | | | | |
| Library Search | | | | | | | | |
| Spectral Interpretation Match | | | | | | | | |
| D. Reporting | | | | | | | | |
| Control Card | | | | | | | | |
| Certificate of Analysis | | | | | | | | |

Identification of Substance: _____

DRAFT 4

| Review Items | N/A | Yes | No | Opiates | Stimulants | Depressants | Hallucinogens | Marijuana/Cannabis | Steroids | Inhalants | Others |
|---------------------------------------|-----|-----|----|---------|------------|-------------|---------------|--------------------|----------|-----------|--------|
| A. Documentation | | | | | | | | | | | |
| Drug Receipt | | | | | | | | | | | |
| Control card | | | | | | | | | | | |
| Envelope | | | | | | | | | | | |
| B. Preliminary Test | | | | | | | | | | | |
| Balance Check | | | | | | | | | | | |
| Negative Control Check | | | | | | | | | | | |
| Color Test Results | | | | | | | | | | | |
| Crystals | | | | | | | | | | | |
| UV-Vis | | | | | | | | | | | |
| GC # | | | | | | | | | | | |
| HPLC | | | | | | | | | | | |
| Macroscopic | | | | | | | | | | | |
| Microscopic | | | | | | | | | | | |
| Micromedex Match | | | | | | | | | | | |
| Literary Search Match | | | | | | | | | | | |
| Calculations | | | | | | | | | | | |
| Net Weight | | | | | | | | | | | |
| C. Confirmatory Test | | | | | | | | | | | |
| Instrument | | | | | | | | | | | |
| GC/MS # | | | | | | | | | | | |
| Tune Present & Accepted | | | | | | | | | | | |
| QC Mix Present & Accepted | | | | | | | | | | | |
| Sequence Setup | | | | | | | | | | | |
| Opening Standard/s Present & Accepted | | | | | | | | | | | |
| Closing Standard/s Present & Accepted | | | | | | | | | | | |
| Blank/s | | | | | | | | | | | |
| MS Control Sheet Present | | | | | | | | | | | |
| Blank/s | | | | | | | | | | | |
| Retention Time Acceptance | | | | | | | | | | | |
| Library Search > 90% | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Spectral Interpretation Match | | | | | | | | | | | |
| LC/MS/MS # | | | | | | | | | | | |
| Tune Present & Accepted | | | | | | | | | | | |
| QC Mix Present & Accepted | | | | | | | | | | | |
| Sequence Setup | | | | | | | | | | | |
| Opening Standard/s Present & Accepted | | | | | | | | | | | |
| Closing Standard/s Present & Accepted | | | | | | | | | | | |
| Blank/s | | | | | | | | | | | |
| MS Control Sheet Present | | | | | | | | | | | |
| Blank/s | | | | | | | | | | | |
| Retention Time Acceptance | | | | | | | | | | | |
| Library Search > 90% | | | | | | | | | | | |
| Spectral Interpretation Match | | | | | | | | | | | |
| IR # | | | | | | | | | | | |
| Internal Polystyrene Present & Accepted | | | | | | | | | | | |
| QC Present & Accepted | | | | | | | | | | | |
| Blank/s | | | | | | | | | | | |
| Library Search | | | | | | | | | | | |
| Spectral Interpretation Match | | | | | | | | | | | |
| D. Reporting | | | | | | | | | | | |
| Control Card | | | | | | | | | | | |
| Certificate of Analysis | | | | | | | | | | | |

Identification of Substance: _____